

SEND Transformation

Devon County Council

Phase 1

This report is based on findings from research and interviews with staff and parent carers to inform an options appraisal of the way forward

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Executive summary

Overall objectives

Devon County Council (DCC) and NHS Devon Clinical Commissioning Group (CCG) intend to transform the experience of children, young people and families with Special Educational Needs and Disabilities (SEND), through partnership working, by co-designing and co-developing a new service model, which will:

- Ensure that children, young people and families get the right support, in the right place at the right time;
- Secure the best possible outcomes for children and young people; children and young people;
- Communicate with children, young people and families so they feel listened to and to have influenced services and schools; and
- Ensure a smooth transition into adulthood that supports independence and personal agency.

Work programme

This programme of work will consist of three phases:

- Phase One – assessing the options for consideration, based on an analysis of the potential, opportunities, drivers and constraints;
- Phase Two – deciding on the options for implementation, and implementing them to deliver an integrated SEND system; and
- Phase Three – extend the integrated SEND system.

Phase One

This report describes Phase One, setting out the findings and options for consideration. It assesses the potential, opportunities, drivers and constraints for the development of a new service model, and concludes that there are many key strengths on which to build a new service, as well as opportunities and strong drivers for its implementation. It concludes that the constraints have good mitigating factors.

The work involved interviewing 70 people, mostly individually, from education, health and social care, and parent carer representatives to better understand how each of the service areas work in partnership together, and to seek views on how they could work in a more integrated way. It also involved attending key partnership meetings and a review of relevant documentation.

This work identified that everyone supported the development of integrated working. The Parent Carers Forum also supports the development of integrated working and is keen to be involved in co-designing and co-developing a new service.

Phase Two

This report includes an outline case for Phase Two of the programme, which involves considering and agreeing on a service option, designing it and implementing it to deliver an integrated SEND system.

It makes recommendations for a shared health, education and social care governance structure to oversee the development of the model. This consists of a multi-agency SEND Transformation Steering Group and workstreams to co-design and co-develop the new service model.

It includes an implementation plan to deliver the work in two phases, over the next 18 months to two years.

Phase Three

Phase Three of the programme involves extending the integrated SEND system to include preparation for adulthood, health and commissioned service functions to provide a seamless service.

Alignment with other services transformations

Phases Two and Three will be aligned with the Children and Family Health Devon alliance's community health transformation programme to develop integrated pathways, where appropriate, such as on the development of care pathways for children and families with SEND.

It will also be aligned with the implementation of the SEND Strategy and Improvement Board action plan, the Council and CCG Best Start in Life Strategy 2020-25, which will integrate and redesign maternity services, children's centres and health visiting to improve outcomes for children.

Brief

Devon County Council (DCC) and NHS Devon Clinical Commissioning Group (CCG) intend to transform the experience of children, young people and families with Special Educational Needs and Disabilities (SEND), through partnership working by co-designing and co-developing a new service model and partnership, which will:

- Ensure that children, young people and families get the right support, in the right place at the right time;
- Secure the best possible outcomes for children and young people; children and young people;
- Communicate with children, young people and families so they feel listened to and to have influenced services and schools; and
- Ensure a smooth transition into adulthood that supports independence and personal agency.

It involves co-designing and co-producing a new service model that works for families and carers and delivers better value for money. It will instil full partnership working across the CCG and DCC with partners, **so that families only have to tell their story once and feel they are working with 'one team'**. This will strengthen trust and confidence between families and the system and between different parts of the system.

Programme

This programme of work consist of three phases:

Phase One – assessing the potential, opportunities, drivers and constraints (this report completes this)
Gain insight into the breadth of the system and the opportunities for transformation across complex statutory systems (health, education, and social care) and the voluntary and community systems for SEND.
Bring together all stakeholders to work co-productively to share experiences, good practice and innovation ensuring that proposals are designed with subject matter experts and experts by experience.
Share best practice models.
Produce an outline case and options for consideration for Phase Two of the programme, to the Strategic Action Group, mapping the journey for Devon to deliver best practice, including recommendations for a shared health, education and care governance structure to oversee Phase Two.

Phase Two – implement and evaluate an integrated SEND system

Working to the direction of the Head of Education and Learning Devon County Council and supported by the Council’s transformation partners, establish a programme team to deliver the project.

Establish the agreed governance structure which gives oversight and ownership and provides formal reporting through the current governance structures within DCC, Children and Families Health Devon and NHS Devon CCG.

Co-design and implement integrated health, education and social care pathways that improve access, service quality and impact positively on outcomes for children, young people and families, eliminating waste and duplication. To align these pathways with the CFHD community health transformation pathways, and the Council and CCG’s Best Start in Life Strategy’s integration and redesign of maternity services, children’s centres and health visiting.

Strengthen working together and partnership with parents, harmonising objectives, policies/guidelines and procedures where appropriate.

Design and implement a joint learning and development programme.

Identify any savings that transformation can yield across the organisations.

Develop and agree proposals for consideration by the partners for the development of a pooled fund to support the future provision of SEND.

Construct an evaluation framework for SEND that aligns with the Improvement Board Plan and The Written Statement of Action.

Phase Three – extend the integrated SEND system

Based on the results and decisions from Phases One and Two, extend the integrated working to include preparation for adulthood, health and commissioned service functions to provide a seamless service.

Methodology used in phase 1

The following activities have been carried out:

- Interviewed 70 people, mostly individually, from the following organisations, including parent carer representatives:
 - Devon County Council
 - NHS Devon CCG
 - NHS England & NHS Improvement
 - Children & Families Health Devon
 - Livewell Southwest
 - Torbay Council
 - Plymouth City Council
 - Millwater School
 - Marwood School
 - St. Christopher's Multi-Academy Trust
 - Babcock LDP
 - Adopt Southwest
 - Parent Carer Forum
- (See Appendix 2 for a full list of people interviewed and their roles)
- Asked the following questions, in order to better understand how each of the service areas work in partnership together, and to seek views on how they could work together in a more integrated way:
 - What is your role in relation to the 0-25 cohort?
 - What is working well?
 - What are the issues in providing a good quality service with positive outcomes?
 - How would you fix them?
 - Attended the following key meetings:
 - SEND Improvement Board
 - Early Help Improvement Board
 - CSLT Learner Support Services Recommissioning
 - SEND Health Reference Group
 - STP Autism Implementation Group
 - SEND Preparing for Adults Workstream.
 - Reviewed key documentation.

The context and drivers for SEND transformation

DCC and CCG are delivering their key statutory responsibilities for children and young people children and young people (children and young people) with SEND within the following local and national context, which provide the drivers for SEND transformation and the development of integrated working:

Joint Ofsted and Care Quality Commission (CQC) Local Area SEND inspection 2018

Devon's Written Statement of Action (WSOA) in response to the SEND inspection includes an outcome measure in which 'parents and young people's lived experience of SEND support is of an integrated service that works together, and with them, to ensure young people receive the right support at the right time'.

The WSOA also identified outcome measures in relation to improving communication with children, young people and families, through active participation, and co-designing strategies, services and key decisions.

Delivering these outcome measures involves undertaking an overarching review of how education, health and social care teams work together to inform an options appraisal on the development of an integrated service; and co-designing and co-developing the new service.

Children's Social Care (CSC) Ofsted inspection 2020

The CSC inspection identified that, 'the service provided to disabled children is inconsistent across Devon... the service operates in isolation from the rest of children's services. Changes in personnel and a lack of analysis in case supervision result in plans for children that are narrow and focus on health issues rather than wider safeguarding concerns.'

In response, CSC is bringing forward plans to integrate and improve the working practice between Disabled Children's Services with the SEN 0-25 team; and developing the quality of practice (including safeguarding) in line with the wider social care improvement plan and WSOA.

0-25 Team workload pressures

Requests for EHCP assessments and reviews have risen exponentially as families and carers who have been unable to obtain support for their children and young people children and young people through other means, use this as a route to try to access support. However, an EHCP may not result in the support they are hoping for, and the process involved in providing an EHCP assessment and the subsequent annual reviews has created a workload pressure both in the 0-25 Team, and for health and social care.

One of the improvement areas identified in the SEND inspection was the, 'Timeliness and quality of education, health and care plans – which did not capture the needs and aspirations of the child and were not a useful tool to support planning for a child's education'.

In order to increase the timeliness of completed EHCP assessments the 0-25 Team has been restructured into an EHC Needs Assessment Team and a Maintenance & Review Team. This restructure, an increased focus on completing assessments and reviews, and staff working long hours has helped to increase the number of EHCP assessments completed within the statutory 20-week timescale from 4% in 2018 to 63% in 2020.

Whilst this is above the national average, the workload pressure (which includes EHCP amendments, reviews and other aspects of the delivery of the SEND Code of practice) is unsustainable for staff, whose health and wellbeing are at risk. So, a business case for 13 additional fte's for the 0-25 Team for 18 months has been put forward and is pending final approval. This will provide additional capacity whilst the SEND transformation is implemented, additional support is developed and provided for children and young people so their families do not feel the need to request an EHCP to obtain support, and the new EHC Hub is fully established.

Devon Schools Forum

The Schools Forum is made up of representatives from schools, academies, and non-school organisations, such as nursery and 16-19 education providers. It acts as a consultative and decision-making body.

It has recently commissioned a consultation with its members on transferring £2 million from the school's budget to the High Needs Block. (The High Needs Block was underfunded by £20 million in 2019/20). This is to provide an outreach offer or something similar to support children with SEN, so that schools and families do not feel that a request for an EHCP is necessary to access support. This would both provide earlier support to children and young people and families and reduce the number of requests for EHCP assessments and reviews. This work will take place in the summer 2020.

Babcock LDP contract

Babcock LDP provides the School Effectiveness Services, School Support Services and Learner Support Services. The contract is due to expire on 31st March 2022. However, an extension of a maximum of 12 months is being proposed because work to re-commission the contract has been delayed following the COVID-19 response. The total value of the contract for 2019/20 is £8.8 million.

Children & Family Health Devon

Children and Family Health Devon became operational on 1 April 2019, to provide community services for children, young people and their families in Devon (excluding Plymouth). It is run by six organisations working in partnership to provide integrated services. It is currently developing its working arrangements, and implementing a large scale transformation programme.

The Alliance organisations involved are Devon Partnership Trust, the Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Livewell South West,

University Hospitals Plymouth NHS Trust, and Torbay and South Devon NHS Foundation Trust (the lead partner).

Devon Partnership Trust is responsible for providing the emotional health and wellbeing services (CAMHS) in all localities, whilst the local acute NHS Trusts are responsible for delivering the remaining services on a locality basis (for example, the services in South Devon are delivered by Torbay and South Devon NHS Foundation Trust).

Integrated Care Systems¹

The NHS Long Term Plan sets out the aim that every part of England will be covered by an Integrated Care System (ICS) by 2021, which replaces and builds on the work of Sustainability and Transformation Partnerships (STPs).

Better integrated care requires the removal of long-standing barriers between hospitals, GP practices, community services and social care, with the health system working more effectively with local government to tackle the broader determinants of population health. Getting there requires system leadership: the creation of collective leadership across all of that, for the benefit of the whole.

¹ <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

COVID-19

COVID-19 has significantly changed the health, education and social care landscape, breaking down barriers between organisations and teams, promoting the benefits of integrated working, and providing a new foundation on which to build integrated services. It has led to the following changes:

- Increased the imperative for joint working to deliver services quickly, responsively and efficiently;
- Enabled the development of more creative responses to need;
- Broken-down long-standing structural barriers between education, health and social care, such as information governance requirements for sharing information;
- Highlighted the potential opportunities for working flexibly from different locations, including from home;
- Promoted the use of electronic working, such as Microsoft Teams, for meetings; and enabled people to see the benefits, such as panel meetings, which are being completed more quickly and efficiently on Teams;
- The use of Microsoft Teams has increased meeting attendance because it does not involve travel;
- children and young people are comfortable with the use of technology to communicate, and some prefer it to face-to-face interaction, such as people with autism. This has led to better conversations as they have engaged in meaningful conversations through technology, which is being used to supplement face to face interaction;
- Identifying other ways of providing informal support because staff are unable to meet in the office, such as team quizzes at lunchtime. This highlights how important informal support is to staff and the need to include it in any configuration of teams, staff and locations.

The potential and opportunities for SEND transformation

Devon is in a strong position to develop a transformed service for children and young people with SEND, based on integrated working.

It can build on the following key strengths:

- Committed and hardworking staff;
- Committed parent carer representatives;
- An active Parent Carers Forum (PCF) which has increased in strength over the last year, and is a good resource to support the development of the service;
- During the 70, mostly individual, staff interviews in education, social care and health, they all supported the development of integrated working, and there was a lot of consistency in what people were saying;
- The Parent Carers Forum supports the development of integrated working and is keen to be involved in co-designing and co-developing the new service;
- Pockets of good working relationships between services and teams;
- The understanding of schools, health services and children's and adults social care in the EHCP process and their awareness of their role in it, has increased significantly since the SEND Ofsted inspection in 2018;
- The PCF is involved in the SEND Improvement Board and its sub-groups;
- The 0-25 Team has significantly increased the number of EHCP assessments and reviews completed within the statutory timescale to above the national average (from 4% in 2018 to 63% to date), and improved their quality;
- The Designated Medical Officer and Designated Clinical Officer's roles are improving the health contribution into the SEND agenda;
- Additional resources in the Preparing for Adulthood Service has enabled an increase in engagement in the SEND agenda;
- Schools are becoming more engaged in the EHCP process;
- The rollout of the EHC Hub will enable children and young people and their families to access and contribute to their EHCP's, will support other professionals to contribute to the Plans;
- The child focused approach in the Disabled Children's Service is strong; this is reflected in the feedback from the CSC Ofsted inspection, 'Social workers know the children

they work for very well. They use creative and sensitive ways of communicating that place children's views at the centre of their work. Children are involved in meetings about them whenever possible.'

- Overall, the Disabled Children's Service is well integrated with the health services in CFHD;
- There are effective multi-agency working arrangements in the north from the implementation of the Doing What Matters programme;
- Doing What Matters in the SEND Transport Coordination Service has improved customer service;
- Babcock Learners Services are well integrated strategically.

Key issues raised in the interviews with staff and parent carer representatives

Interviews with 70 staff in organisations providing services to children and young people with SEN, and parent carer representatives from the Parent Carer Forum, identified consistent views of the current services. They identified the following key issues:

- “The SEND offer is fragmented - each service has its own infrastructure, which gets in the way of transformational change”
- “The fragmentation is made worse by having multiple service providers”
- “Fragmentation can waste resources”
- “There is some silo’ed working, with a lack of communication between staff, teams, services and organisations”
- “The multi-disciplinary approach is not always clear, and staff and services do not always work as a team to support children and young people and families/carers”
- “The processes are not always clear for agreeing who the lead professional is”
- “There is no central point for schools or families/carers to access support and advice about children and young people other than the 0-25 team”
- “It is recognised that investing time early on results in a time saving further on, however this is not reflected sufficiently in current practice”
- “Education, health, social care and community support has been reduced, so families/carers want an EHCP because they cannot get a service any other way”
- “Schools are not supported by other agencies to deliver an active and effective graduated response”
- “Links between Early Help and SEND have improved but it is not yet as integrated as it could be”
- “There is no clear lead for providing support to families/carers or to schools (other than the 0-25 team)”
- “Families/carers are often desperate for help by the time they identify that an EHCP is a way to access support”
- “The 0-25 service has become a front-line service, picking up the results of the lack of early support from other services”

- “It is resulting in an increase in the numbers of EHCPs and bureaucracy, but not to the provision of the actual support and service provision which is what the families/carers and schools want”
- “Children and young people and families / carers are not put at the centre of service provision”
- “It does not currently provide an outcome-based service”
- “Families / carers are sometimes confused or dissatisfied by the SEND offer and service provision”.

Conclusions

The overall conclusions from the interviews with staff and parent carer representatives are that:

- The general consensus across all services is that they need to work in a more integrated way;
- Fragmented services for children and young people with SEND are wasting resources;
- Fragmentation exacerbates communication difficulties, which contributes to poor experiences for children and young people and families and carers, and less good outcomes;
- A multi-disciplinary approach is required, which puts the children and young people at the centre;
- A process for agreeing a lead professional or key worker is required;
- A central resource is needed for families and carers to access support and advice;
- Schools need a central resource to access support and advice;
- Schools need support from wider services (Early Help, social care, health, community services) to deliver an active graduated response;
- Requests for support need to be triaged, filtered and signposted to appropriate services before they result in an EHCP;
- Integrating Early Help into SEND would provide help and support to children and young people and families/carers; and
- They need to change the culture across families, carers and schools, so that they do not identify an EHCP as the only way to access support.

Constraints on SEND transformation and mitigation

	Constraints	Mitigation
Staff	<ul style="list-style-type: none"> • During the interviews a small minority of middle managers were opposed to structural change, saying that they just needed to change the processes and procedures to deliver better outcomes • Some staff were concerned about being based in a location other than County Hall 	<ul style="list-style-type: none"> • The majority of staff were not opposed to structural change • COVID-19 has accelerated change in working practices, and staff are now working from home rather than County Hall. This provides an opportunity to look at working practices
Professional practice and accountability	<ul style="list-style-type: none"> • Inconsistency in practice across the four localities was identified as an issue in the CSC Ofsted inspection 	<ul style="list-style-type: none"> • Recognising this as a potential issue will enable it to be taken into consideration as a factor in the service design
Disabled Children's Service	<ul style="list-style-type: none"> • The CSC Ofsted inspection identified that DCS is isolated from the mainstream children's social work teams; there is a risk of perpetuating this separation when incorporating the service into the SEND transformation model 	<ul style="list-style-type: none"> • Developing strong links with CSC in terms of practice and accountability will mitigate this separation
Finance	<ul style="list-style-type: none"> • Locating staff in the localities rather than County Hall would increase the cost of their mileage claims for two years 	<ul style="list-style-type: none"> • This can be taken into consideration when designing the service and looking at working practices; with one option being for staff to spend, for example, two days in the locality rather than full time

Geography	<ul style="list-style-type: none"> The size of the county means that it would take staff extra time to travel to the localities if they were either located there or required to spend more time there 	<ul style="list-style-type: none"> Limiting the number of days in the localities would reduce the travel time
Legislative responsibilities	<ul style="list-style-type: none"> Each service has different legislative responsibilities 	<ul style="list-style-type: none"> The SEND transformation will not affect the delivery of the separate legislative requirements or people's understanding of them
Providers	<ul style="list-style-type: none"> Providers are registered with Ofsted for services for under 18s, and CQC if they are over 18, so services for YP in transition must register with both Ofsted and CQC if they are to keep them when they get to 18 years. This is a disincentive to the development of more integrated provider services 	<ul style="list-style-type: none"> Working with the provider market to support them to develop services will reduce their resistance

Options for service delivery

Services in an integrated SEND model

Based on the research and interviews completed, the key services that an integrated SEND service in Devon would benefit from including either through structural change or streamlined pathways and improved processes, are the:

- 0-25 Service
- Disabled Children's Service including Short Breaks
- Educational Psychology Service
- Preparing for Adulthood Service.

Other services which would benefit from being integrated, or linked more closely through streamlined pathways and improved processes, are:

- the remaining SEND Learner Services
- the commissioned community health services.

Location options

There are three options for the location of an integrated SEND service across education, social care and health:

1. Centrally based
2. Centrally and locality based, in a hub-and-spoke model
3. Locality based.

The learning from COVID-19 can be incorporated into all three options for the location of the service, with staff working flexibly from home, County Hall and the localities, and using Microsoft Teams for meetings.

Service model options

There are three options for the service model in order to deliver an integrated SEND service across education, social care and health:

1. Changing processes and procedures
2. Aligning teams and services
3. Establishing multi-disciplinary teams.

Table of options

Option	Service model	Location
1	Changing processes and procedures	Maintain current locations
2a	Aligning teams and services	Centrally based
2b	Aligning teams and services	Centrally and locality based, in a hub-and-spoke model
2c	Aligning teams and services	Locality based
3a	Establishing multi-disciplinary teams	Centrally
3b	Establishing multi-disciplinary teams	Centrally and locality based, in a hub-and-spoke model
3c	Establishing multi-disciplinary teams	Locality based

Evaluation of location options

The learning from COVID-19 can be incorporated into all three options for the location of the service, with staff working flexibly from home, County Hall and the localities, and using Microsoft Teams for meetings.

Locations	Advantages	Disadvantages
Centrally based	<ul style="list-style-type: none"> • All services are together • Staff are more able to speak to each other, so they know what other teams are doing • It is easier to ensure consistency in service provision when everyone is in the same place 	<ul style="list-style-type: none"> • Services are not accessible for people in Devon • Staff do not get to know the localities, so they cannot link children and young people and their families into local community services • Staff still email each other when they are all together in one location, rather than talking • The Disabled Children's Service would lose the benefits of the connectivity they have established with health and children and young people and families in the localities • It reduces the pool of potential job applicants to Exeter and the immediate area
Centrally and locality based, in a hub-and-spoke model	<ul style="list-style-type: none"> • A small centrally based management team would be able to ensure consistency in service provision across the localities • Services are accessible for people in Devon • Staff get to know the localities, so they can link children and young people and their families into local community services 	<ul style="list-style-type: none"> • Staff teams would be based in the localities, which would increase the cost of travel. This could be reduced by attaching them to the localities, but basing them there 2-3 days / week, and the rest of the week at home or in Exeter. (The travel costs are currently being calculated) • It would increase the amount of time staff spend travelling to work (assuming they currently live close to Exeter)

Locations	Advantages	Disadvantages
	<ul style="list-style-type: none"> • The Disabled Children’s Service would retain the benefits of the connectivity they have established with health and children and young people and families in the localities • It increases the pool of potential job applicants to the whole of Devon and its surrounding areas 	
Locality based	<ul style="list-style-type: none"> • Services are accessible for people in Devon • Staff get to know the localities, so they can link children and young people and their families into local community services • The Disabled Children’s Service would retain the benefits of the connectivity they have established with health and children and young people and families in the localities • It increases the pool of potential job applicants to the whole of Devon and its surrounding areas 	<ul style="list-style-type: none"> • There is a small risk of lack of consistency in service provision across the localities, but this could be managed proactively • Staff teams would be based in the localities, which would increase the cost of travel. This could be reduced by attaching them to the localities, but basing them there 2-3 days / week, and the rest of the week at home or in Exeter. (The travel costs are currently being calculated) • It would increase the amount of time staff spend travelling to work (assuming they currently live close to Exeter)

Evaluation of options for service models

Service models	Advantages	Disadvantages
Changing processes & procedures	<ul style="list-style-type: none"> • Has the potential to achieve change without the 'disruption' of structural changes 	<ul style="list-style-type: none"> • It has not achieved change despite work taking place • Changing processes and procedures still requires the 'disruption' of change • It is difficult to sustain changes because they are not supported by wider system change
Aligned teams and services	<ul style="list-style-type: none"> • Teams and services are co-located together • children and young people and families receive a coordinated service from an MDT, whose members are co-located • Different professionals are easily able to speak to each other about cases • Staff retain their line of professional supervision and accountability through their professional team manager 	<ul style="list-style-type: none"> • Teams are not MDT so it is not as easy for different professionals to share cases, as if it was an MDT
Multi-disciplinary teams	<ul style="list-style-type: none"> • Teams and services are located together in MDTs • children and young people and families receive a coordinated service from an MDT • Different professionals are easily able to share cases • Reduces the number of handovers 	<ul style="list-style-type: none"> • Teams lose their professional manager, and receive their professional supervision and line of professional accountability through matrix management, which can lead to duplication and a lack of clarity about managerial roles and responsibilities

Outline case for Phase Two and extension into Phase Three

Phase 2

Phase Two of the SEND transformation involves establishing a SEND Transformation Steering Group to oversee the design and delivery of an integrated service for children and young people with SEN aged 0-25 years which meets the agreed design principles.

The draft design principles would be discussed and agreed by the Steering Group.

The Steering Group would deliver the transformation in line with an agreed SEND Transformation programme plan, via workstreams. The Steering Group and workstreams would have agreed objectives and terms of reference. The workstreams would come into effect in line with the programme plan timeline, and draw in membership as required.

The service model would be developed by the design workstream.

Work would start as soon as possible on Phase Two.

Phase 3

The SEND transformation's extension into Phase Three would depend on the outcome of Phase 2. It would include integrating Preparing for Adulthood, the remaining SEND Learner Services, schools, and health & the commissioned service functions, either through integration or linked more closely through streamlined pathways and improved processes. The extent of their integration would be agreed during Phase Two.

Both Phases Two and Three would be aligned with the progress and priorities of the SEND Improvement Board, the CFHD transformation programme, and the Best Start in Life Strategy.

Success criteria

For the vision:

- To be co-designed;
- To be for an integrated service for children and young people with SEN, which includes education, health and social care services, and links into community services provided by the third sector;

For children, young people and families:

- To only have to tell their story once and feel they are working with one team;
- To get the right support, in the right place, at the right time;
- To obtain the best possible outcomes;
- To have a smooth transition into adulthood, which supports their independence and personal agency;

For the service model:

- To be co-designed and co-produced;
- To provide a service which integrates SEN through education, health and social care services;
- To meet the design criteria;
- To provide a seamless service with clear pathways into, through and out of the service;
- To link into local communities.

For the workforce:

- To work in partnership with other professionals to provide an integrated service;
- To have clear and transparent ways of working;
- To have the values, attitudes and skills to offer support and flexibility in the delivery of a strengths-based approach;

For EHCP assessments:

- A high percentage (currently 63% it is above the national average) to continue being delivered within the statutory 20-week timeframe;
- To reduce demand for EHCP assessments;
- For there to be integrated contributions prior to the annual review meetings, so that the meetings are effective in identifying recommendations for amendments or continuation of the EHCPs;

Locality focused working:

- To facilitate children and young people and their families to access local community-based services provided by the voluntary and charitable sector;
- To support the development of community-based services, which provide specialist, intensive interventions, with resilience for emergencies and crises;
- To support the development of a range of community-based services which support the development of independent living skills;
- To minimise the use of institutional care, both in and out of county;

Funding:

- To improve value for money;
- To deliver the service within the agreed financial envelope.

Final

Outcome framework

Category	Success criteria	Outcomes (these support the delivery of the SEND Strategy and the Children and Young People Plan)	Method/measure
Vision	<ol style="list-style-type: none"> 1. To be co-designed 2. To be for an integrated service for children and young people with SEN, which includes education, health and social care services, and links into local community-based services provided by the voluntary and charitable sector 	<ol style="list-style-type: none"> 1. For children and young people and families to own the service vision 2. For the vision to reflect an integrated service 	<ol style="list-style-type: none"> 1. Feedback from children and young people and families 2. Check the vision reflects an integrated service
children and young people and their families	<ol style="list-style-type: none"> 3. To only have to tell their story once and feel they are working with one team 4. To get the right support, in the right place, at the right time 5. To obtain the best possible outcomes 6. To have a smooth transition into adulthood, which supports their independence and personal agency 	<ol style="list-style-type: none"> 3. children and young people and families report a reduction in the number of times they have to tell their story 4. A reduction in the number of service changes 5. Improved outcomes 6. Consistency in services provided as YP move into adults' services 	<ol style="list-style-type: none"> 3. Feedback from children and young people and families 4. Internal audit of number of service changes 5. Feedback from children and young people and families 6. Analysis of services provided
Service model	<ol style="list-style-type: none"> 7. To be co-designed and co-developed; 8. To meet the design principles 	<ol style="list-style-type: none"> 7. For children and young people representatives and the PCF to be involved in developing the service, and part of the design workstream 	<ol style="list-style-type: none"> 7. children and young people and family involvement

Outcome framework

Category	Success criteria	Outcomes (these support the delivery of the SEND Strategy and the Children and Young People Plan)	Method/measure
		8. Service model meets the design principles	8. Check whether it meets the design principles
Workforce	9. To work in partnership with other professionals to provide an integrated service 10. To have clear and transparent ways of working 11. To have the values, attitudes and skills to offer support and flexibility in the delivery of a strengths-based approach	9. Staff work in partnership 10. Working practices are clear and transparent 11. Staff take a strengths-based approach	9. Staff feedback and survey 10. Internal audit of working practices 11. Internal audit of working practices
EHCP assessments	12. A high percentage (currently 63% which is above the national average) to continue being delivered within the statutory 20-week timeframe; 13. To reduce demand for EHCP assessments; 14. For there to be integrated contributions prior to the annual review meetings, so that the meetings are effective in identifying recommendations for	12. EHCPs delivered within 20 weeks 13. Reduced demand for EHCPs 14. More effective reviews	12. Performance monitoring 13. Performance monitoring 14. Performance monitoring

Outcome framework

Category	Success criteria	Outcomes (these support the delivery of the SEND Strategy and the Children and Young People Plan)	Method/measure
	amendments or continuation of the EHCPs;		
Locality focused working	15. To facilitate children and young people and their families to access local community-based services 16. To support the development of community-based services, which provide specialist, intensive interventions, with resilience for emergencies and crises 17. To support the development of a range of community-based services which support the development of independent living skills 18. To minimise the use of institutional care, both in and out of county	15. Increase in the number of children and young people who access local community-based services 16. More services providing specialist, intensive interventions, with resilience for emergencies and crises 17. Increase in the number of new services which support the development of independent living skills 18. Reduced use of institutional care	15. Performance monitoring 16. Analysis of service development 17. Analysis of service development 18. Performance monitoring
Funding	19. To improve value for money 20. To deliver the service within the agreed financial envelope	19. Improved vfm 20. Service developed within budget	19. Financial analysis 20. Financial analysis

Draft SEND transformation design principles

- Takes a system led approach in designing an integrated service for children and young people with SEN, which includes education, health and social care services, and links into community services provided by the third sector;
- Takes a graduated response to identifying and supporting children and young people with SEN, so that they receive the right support, in the right place, at the right time;
- For CFP and families 'to tell my story once' and feel they are working with one team;
- Services to be simple and well-coordinated, with streamlined ways of working without duplication;
- Obtains the best possible outcomes;
- Strengthens trust and confidence between families and the system, and between different parts of the system;
- Provides a smooth transition into adulthood, with support which promotes independence and personal agency;
- Makes the best use of resources to meet demand;
- Services take an asset-based approach to enable people to maximise their independence, with early help, prevention, and wrap around support;
- Services enable a consistent approach to care and support;
- Provides care and support close to home using the least invasive services; and
- Encourages the development of sustainable community-based services, which provide specialist, intensive interventions, with resilience for emergencies and crises.

Governance structure to oversee Phase Two implementation: SEND Transformation Steering Group

The Phase Two implementation would be overseen by a SEND Transformation Core Steering Group. It would report to the CSLT, and adults and health leadership teams.

It would be led by the Head of Education, who would co-chair it with the Programme Lead.

Proposed membership of the Core Steering Group

- Dawn Stabb, Head of Education, co-chair
- Helen Molteno, Programme Lead, co-chair
- Victoria Mitchell, co-chair of the Parent Carer Forum
- Julia Foster, Senior Manager SEND
- Hilary Brooks, Senior Manager County Wide Services, Disabled Children's Service
- Mimi Taylor, Team Manager, South 1, Children and Families Social Care
- Fiona Fleming, Head of Children's Commissioning
- Gary Patch, Assistant Director, Disability Lead, Preparing for Adulthood
- Kate Stephens, Head of Public Health Nursing and Early Help
- Siobhan Grady, Senior Commissioning Manager Torquay, CCG
- Paula Miles, Head of Internal and Change Communications

Proposed membership of the Wider Steering Group

This would consist of representatives from the following services, who would join the Steering Group when it was relevant for their subject area.

- Two young people's representatives
- Julia Bonell, co-chair of the Parent Carer Forum
- Claire Thomson, Head of Specialist Services and Safeguarding, Babcock LDP
- Crispin Taylor, Directorate Manager CAMHS, Children and Family Health Devon
- Adults social care commissioning up to age 25
- CSC Improvement Lead
- Communications and engagement
- Finance and resources
- HR and OD
- Estates

- ICT
- Performance and demand
- Mainstream and special schools
- Independent support, such as the In Control charity.

Role of the Steering Group

The overall purpose of the Steering Group is to transform the experience of children and young people and families with SEND; through partnership working, to co-design and co-develop a new service model. It will oversee the design and delivery of an integrated service for children and young people with SEN aged 0-25 years which meets the agreed design principles. The workstream leads will report to the Steering Group meetings in line with the delivery of their work in the Transformation Plan. The Steering group will meet monthly.

The key initial tasks are to:

1. Agree the circulation of this Phase 1 Report
2. Agree the membership of the core Steering Group, wider Steering Group and the workstreams
3. Establish a vision, objectives and priorities for SEND transformation
4. Agree the service design principles
5. Develop a joint Transformation Plan, which is aligned with CFHD's transformation programme and the implementation of the Best Start in Life Strategy, including approximate timelines and check points
6. Establish workstreams, terms of reference, leads and membership
7. Agree the workstream objectives and tasks
8. Develop a risk register.

Workstreams

The purpose of the workstreams is to deliver the Transformation Plan. They will feedback to the Steering Group meetings; develop an action plan to deliver their work in line with the implementation plan; co-ordinate their work with that of the other workstreams; highlight team responsibilities; develop effective interfaces with other services and groups; and share thinking and ideas.

Each workstream will come into effect as defined by the Transformation Plan and will draw in membership as needed to deliver the relevant elements of the programme. Membership will overlap between workstreams, some of which will run concurrently.

The workstreams will meet every two to three weeks as required.

Workstreams	Proposed timeframes	Notes
Phase 2		
1.	SEND vision and strategy	Aug 2020 to Dec 2020 Linked to the SEND Improvement Board Includes the PCF
2.	Service design, including a central service access point, and pathways	Aug 2020 to Nov 2020 Includes Early Help, and commissioned services. Membership includes the PCF and children and young people representatives
3.	Communications and engagement	Sept 2020 to Dec 2021 Internal and external focus Includes comms/press team Leads on stakeholder engagement Includes PCF
4.	Workforce planning and organisational development	Oct 2020 to July 2022 Includes HR and organisational change team
5.	Professional practice and accountability	Oct 2020 to Aug 2021 Linked to the CSC Improvement Plan
6.	Estates and ICT	Nov 2020 to July 2022 Includes DCC & CCG Corporate Assets Teams, and ICT teams
7.	Performance and demand	Jan 2021 to July 2021 Includes performance monitoring and reporting
8.	Finance and resources	Oct 2021 to May 2021 Includes accountants
9.	Process development	Feb 2021 to Dec 2021 Includes IT, and the business/ICT team

Workstreams		Proposed timeframes	Notes
10.	Integrated commissioning	Jan 2021 to July 2022	Includes children's and adults social care commissioning, SEN and education commissioning, up to age 25, and reflects the Improving Access to Communication Services and Support project (IACSS)
11.	Short breaks	Oct 2020 to March 2022	Includes PCF
Phase 3			Depending on the results and decisions from Phases 1 & 2
12.	Preparing for Adulthood	June 2021 to March 2022	
13.	Health and commissioned service functions	June 2021 to July 2022	Interdependency with / need for alignment with the CFHD transformation programme
14.	SEND Learner Services	Jan 2021 to July 2022	
15.	Schools	Jun 2021 to July 2022	

Key workstream objectives

Phase Two

The Transformation Programme Phase Two workstreams would have the following key objectives, for discussion and agreement by the Steering Group:

1. SEND vision and strategy

To co-produce a SEND vision and strategy which supports the SEND service transformation.

2. Service design workstream

To co-design a service for children and young people with SEN aged 0-25 years, which includes a central access point for identified services; links with Early Help; pathways into, through and out of the service; and which meets the SEND Transformation design principles.

3. Communications and engagement

To provide internal and external communications and engage key stakeholders to supporting the SEND transformation.

4. Workforce planning and organisational development

To develop the workforce culture, values, skills and knowledge to enable a smooth transition into the new service model and support its long-term delivery.

5. Professional practice and accountability

To work with the CSC Improvement Plan leads to support the development of professional practice and professional accountability.

6. Estates and ICT

To identify the accommodation and support needs of the integrated SEND service, identify potential service locations, prepare agreed locations for the new service, and move the services in.

7. Performance and demand

To provide a performance and demand baseline before the SEND service is established; and establish a new performance management and demand framework for the integrated SEND service.

8. Finance and resources

To support the establishment of the new service through the provision of financial information, analysis and support; and set up the financial framework for the integrated service.

9. Process development

To design and develop the:

- the internal processes to enable children and young people and families to receive a streamlined and consistent service; and
- streamlined interfaces with the services and providers with which the SEND service works, including health and commissioned service functions.

10. Integrated commissioning

To develop integrated commissioning across children's and adults social care commissioning, SEN and education commissioning to enable a smooth transition for YP into adulthood, which supports their independence and personal agency.

11. Short breaks

To commission short breaks for children and young people in line with an integrated SEND service, and integrate short breaks provision into the SEND service.

Phase Three

The Transformation Programme Phase Three workstreams would have the following key objectives, for discussion and agreement by the Steering Group:

12. Preparing for Adulthood

To link PfA into the new SEND service through streamlined pathways and improved processes to support a smooth transition into adulthood.

13. Health and commissioned service functions

To work in alignment with the CFHD transformation programme to link the health and commissioned service functions more closely with the SEND service through streamlined pathways and improved processes to provide a seamless service.

14. SEND Learner Services

To integrate the SEND Learner Services into the SEND service or link them more closely through streamlined pathways and improved processes to provide a seamless service.

15. Schools

To integrate schools into the SEND service or link them more closely through streamlined pathways and improved processes to provide a seamless service.

Final

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	
Phase 1: Discovery & analysis																											
Agree report and proposal																											
Phase 2: Implementation																											
Plan and establish Steering Group																											
Steering Group meetings																											
1. Workstream: SEND vision & strategy																											
Establish workstream & 1st meeting																											
Workshop to develop vision																											
Vision and strategy development																											
Strategy sign off																											

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
2. Workstream: Service design																										
Establish workstream and 1st meeting			Dark blue																							
Service design work			Dark blue	Dark blue	Dark blue	Dark blue																				
Service design sign off						Dark blue																				
3. Workstream: Communications & engagement																										
Establish workstream and 1st meeting				Dark blue																						
Provide internal communications				Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
Provide external communications				Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
4. Workstream: Workforce planning & OD																										
Establish workstream and 1st meeting					Dark blue																					
Workforce planning						Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue
Culture change and OD								Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Develop workforce skills and knowledge										Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue									
Support service & managers to engage with and support staff					Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue
5. Workstream: Professional practice & accountability																										
Establish workstream and 1st meeting					Dark blue																					
Skills and knowledge development						Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
Professional accountability						Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
6. Workstream: Estates and ICT																										
Establish workstream and 1st meeting						Dark blue																				
Identify the accommodation & support needs of the service							Dark blue	Dark blue	Dark blue	Dark blue	Dark blue															
Identify possible locations							Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue														

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Obtain approval for locations											Dark blue	Dark blue	Dark blue	Dark blue	Dark blue											
Prepare the locations for the move																Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue
Move the services in																							Dark blue	Dark blue	Dark blue	Dark blue
7. Workstream: Performance & demand																										
Establish workstream and 1st meeting								Dark blue																		
Identify performance and demand baseline									Dark blue	Dark blue	Dark blue															
Develop performance and demand framework for the service											Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
8. Workstream: Finance & resources																										
Establish workstream and 1st meeting					Dark blue																					
Provide financial information, analysis and support						Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Identify the budgets moving into the new SEND service								Dark blue	Dark blue	Dark blue	Dark blue															
Set up the financial framework for the new SEND service								Dark blue	Dark blue	Dark blue	Dark blue															
Support the establishment of integrated services								Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
9. Workstream: Process development																										
Establish workstream and 1st meeting									Dark blue																	
Develop the internal processes								Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
Develop the external interfaces													Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
10. Workstream: Integrated childrens and adults commissioning																										
Establish workstream and 1st meeting								Dark blue																		

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Develop integrated commissioning									Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue
Carry out market engagement & take integrated service commissioning models to the market																		Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue
Explore & test new models of delivery																		Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue
Support long term planning with integrated commissioning									Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
11. Workstream: Short breaks																										
Establish workstream and 1st meeting					Dark blue																					
Integrate short breaks into the SEND service						Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue	Light blue
Commission short breaks in line with an integrated service						Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Phase 3: Implementation																										
12. Workstream: Preparation for Adulthood																										
Establish workstream and 1st meeting													Dark blue													
Plan links / pathways & processes													Dark blue	Dark blue	Dark blue	Dark blue										
Implement links / pathways & processes																	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Light blue	Light blue	Light blue	Light blue
13. Workstream: Health & commissioned service functions																										
Establish workstream and 1st meeting													Dark blue													
Plan pathways & processes													Dark blue	Dark blue	Dark blue	Dark blue	Dark blue									
Implement pathways & processes																		Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue	Dark blue

SEND Transformation Plan

(Key: Dark blue – activity; light blue – monitoring)

SEND transformation timeline	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	July-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
14. Workstream: SEND Learner Services																										
Establish workstream and 1 st meeting																										
Plan integration / processes & pathways																										
Integrate / implement processes & pathways																										
15. Workstream: Schools																										
Establish workstream and 1 st meeting																										
Plan integration / processes & pathways																										
Implement integration / processes & pathways																										

Appendix 1: Services involved in the interviews

People from the following services were involved:

<ul style="list-style-type: none">• Parent Carers Forum• 0-25 SEND Service• Education services<ul style="list-style-type: none">○ Millwater School○ Marwood School○ Education & learning○ Primary education○ Special schools○ Virtual School○ School Inclusion• Babcock's SEND Learner Services• Children's services:<ul style="list-style-type: none">○ Children's social care○ Disabled Children's Service○ Early Years & Childcare Service○ Early Help○ PH Nursing Service○ Adopt South West○ Children's commissioning○ Youth Participation• Speech and Language Service• SEND Transport Coordination Service	<ul style="list-style-type: none">• Adults services:<ul style="list-style-type: none">○ Adult Social Care○ Preparing for Adulthood○ Adults Commissioning Care & Health○ Doing What Matters, Barnstaple• Health services:<ul style="list-style-type: none">○ SEN Commissioning CCG○ Women's and Children Commissioning CCG○ Personalised Care – Children, NHSE and NHS Improvement & CCG○ DMO & DCO○ Community Paediatrics○ Devon Referral Support Services CCG○ Children & Family Health Devon• Devon County Council:<ul style="list-style-type: none">• Customer Relations Service• Organisational Change• Torbay Council• Plymouth services:<ul style="list-style-type: none">○ Plymouth SEND Service○ LiveWell South West
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Appendix 2: People interviewed

Name	Job Role/Title	Organisation
Alison Western	Area Education Commissioning Officer	DCC
Alun Dobson	Headteacher, Marwood School Chair of the Devon Association of Primary Headteachers	Marwood
Amanda Graham	Area Education Commissioning officer	DCC
Andrea Morris	Senior Manager (Countywide Services)	DCC
Andrew Simkin	Procurement Manager – Children’s Services	DCC
Beatrice Beer	SEN Commissioning Manager, Independent	DCC
Claire Rockcliffe	Manager Early Years & Child Care	DCC
Claire Thomson	Head of Specialist Services and Safeguarding	Babcock LDP
Corinne Foy	Managing Partner, Children and young people Children and young people’s Community Health Services, Children & Family Health Devon	Torbay & South Devon NHS Foundation Trust
Crispin Taylor	Directorate Manager, CAMHS	Torbay & South Devon NHS Foundation Trust
Damien Jones	Head of Transport Coordination Service	DCC
David Smith	Project Manager, Project Change Team	DCC
Dawn Stabb	Head of Education and Learning	DCC
Emily Street	Senior Commissioning Manager, Children’s Services	NHS Devon CCG
Fiona Fleming	Head of Commissioning, Children’s commissioning	DCC
Gary Patch	Assistant Director, Disability Lead	DCC
Gill Loman	SEN Resources Manager	DCC
Harry Capron	Programme Adviser, Disability Services ASC	Consultant DCC
Helen Toker-Lester	Personalised Care Delivery Lead	NHS Devon CCG
Helen Wyatt	Customer Relations Manager	DCC
James Tishaw	Operations Manager, Early Help	DCC
Jane Dunlop	Community Paediatrician and DMO	Royal Devon & Exeter NHS Foundation Trust
Jayne Fox	Business Services Manager	DCC
Jeanette Savage	Strategic Lead SEND and Inclusion	Babcock LDP
Jennie Stephens	Chief Officer, Adult Care and Health	DCC
Jennie Waldron	Area Manager Disabled Children’s Services	DCC
Jenny Clayton	Team Leader, Specialist Transport	DCC
Jenny Milford	Transport Coordination Officer	DCC
Jillian Lake	Service Development Lead for south and School Nurse professional lead	Public Health Nursing DCC
Jo Evans	CEO	St Christopher’s Church of England Primary Multi-Academy Trust
Jo Olsson	Director of Children’s Services	DCC
Jonathan Mitchell	Team Manager, Disabled Children’s Service – North	DCC

Name	Job Role/Title	Organisation
Julia Bonell	Co-Chair	Parent Carer Forum
Julia Foster	Senior Manager, SEND	DCC
Kate Stephens	Head of Public Health Nursing	DCC
Kath Drescher	Regional Adoption Agency Service Manager	Adopt South West
Katherine Charman	Project Manager, Project Change Team	DCC
Kathryn Lake	SEN Commissioning Officer (Independent)	DCC
Kelly Doonan	Interventionist Practitioner, Organisational Change Team	DCC
Keri Storey	Head of Service, Adult Care Operations Health	DCC
Kevin Gillick	Method Facilitator, Learning Cohort Secondment	DCC
Linda Trebilcock	Deputy Head, Children and Young People and Family Service	Livewell South West
Liza Jarvis	Senior Programme Manager Personalised Care - Children	NHS England & NHS Improvement
Liz Cosford	Associate Director of Mental Health	Devon CCG
Liz Wood	Disability Lead, Adult Disability Leadership	DCC
Lucy J Brewer	Senior Commissioning Officer	DCC
Marc Kastner	Strategic Lead for Inclusion	DCC
Neil Schofield	Senior Manager PDU / Group Manager for Women & Children's Services	Northern Devon Healthcare NHS Trust
Nicola Tribble	Sector Lead Adult Commissioning and Health	DCC
Paul Leach	Designated Clinical Officer SEND	Devon CCG
Penny Whitell	Service Manager SEND	Plymouth City Council
Rebecca Hudson	Senior Commissioning Manager	DCC
Richard Reece	Education Business Systems & Contract Manager	DCC
Rob Elkins	Participation Manager	DCC
Ryan Merchant	Area Education Commissioning Officer (East)	DCC
Sara Cretney	Head of Organisational Change	DCC
Sarah Miller	SEN Speech and Language Advisor	DCC
Sarah Pickering	Chair of Sentient	Millwater School
Sharon Matson	Head of Commissioning for Women and Children's Services	Devon CCG
Simon Fleming	Team Manager, Preparing for Adulthood Team	DCC
Simon Niles	School Planning and Admissions Manager	DCC
Siobhan Grady	Senior Commissioning Manager, Torquay	Devon CCG
Stephen Matson	Delivery & Development Manager, Devon Referral Support Services	Devon CCG
Sue Walczak-Lee	Area Education Commissioning Officer	DCC
Tim Golby	Joint Associate Director of Commissioning, Adult Commissioning & Health	DCC
Val Smith	Manager Early Years & Childcare, Early Years & Childcare Services	DCC
Velda Woodroffe	SEN Team Manager	DCC
Victoria Mitchell	Co-Chair	Parent Carer Forum

Appendix 3: Best practice examples

Two best practice examples are Wigan Council for its place based working, and Westminster Council for its recent good SEND Ofsted inspection, in order to learn from their practice. However, it was difficult to identify examples of best practice (other than by going through every SEND Ofsted report); and neither Wigan nor Westminster are large counties, so do not have the issues of size and rurality, like Devon.

Wigan Council SEND

Wigan Council has implemented the Wigan Deal, which includes place-based teams. The key principles of place-based working are that partners from a range of public services working together in a 'Place' = integrated working, to:

- Share knowledge and avoid duplication
- Early intervention and prevention to prevent reactive public service cost
- Have different conversations and knowing your community (The Deal)
- Building self-reliance and resilient communities

The SEND Ofsted inspection report² (published in July 2018) includes the following points:

- “Multi-agency partnership work is a strength of the local area. Good working relationships between leaders, managers and frontline staff help to accelerate the pace of change. Moreover, leaders’ mandate to staff to put in place ‘quick fixes’ to make things better for children, young people and their families is improving lives”.
- “Children, young people and their families are at the heart of the Wigan local area SEND strategy. Effective joint working between health, education and social care leaders, managers and frontline staff is breaking down professional boundaries. The local parent carer forum is a valued partner. They host consultation events, share information and are involved in the co-production.... of the renewed local offer”.
- “The local area’s transition to ‘place-based teams’ has significantly improved the joined-up approach of education, health and social care staff to meet the needs of children, young people and their families in the pilot areas. This has increased the proportion of children and young people children and young people having their needs identified and met earlier. Furthermore, the number of referrals from these areas to specialist services have reduced”.
- “Multi-agency early intervention and preventative work is helping the child and adolescent mental health service (CAMHS) to have greater capacity to provide more

² <https://files.ofsted.gov.uk/v1/file/50010255>

timely support for the children and young people children and young people with the greatest needs”.

- “Regular multi-agency meetings provide useful forums for professionals to share information about children and young people children and young people. Professionals are then able to agree the most appropriate course of action to address any emerging issues or concerns. This approach helps to ensure that children and young people children and young people’s needs are identified in a timely manner”.
- “The child development unit (CDU) is a team of multi-agency professionals for children aged 0 to 5 years. Joint assessments by the different services under the CDU ensure that the children’s holistic needs are assessed and understood by all professionals. This approach reduces the need for duplicate appointments for families. Moreover, this supports the ‘tell it once’ approach, avoiding the need for parents to retell their story to multiple professionals”.

Westminster Council SEND

Westminster Council has just received a very good SEND Ofsted inspection report³ (published 11 May 2020). The report includes the following points:

- “GPs, hospital paediatricians and other healthcare practitioners work together in an integrated way in the communities they serve. There are exciting initiatives such as the family hubs, where practitioners work together to support children, young people and families. In addition, the child health GP hubs are increasingly effective in delivering a strong child health system”.
- “Leaders’ approach to identifying SEND is effective. Agencies work well together to ensure that emerging needs are identified and assessed quickly, and suitable provision is put in place. Leaders commission services jointly for the benefit of individuals and groups of children and young people children and young people”.
- “Families are becoming increasingly influential in the design and implementation of services across the local area. Parents appreciate the support of ‘Make it happen’, the Westminster parent and carer forum. It provides a focal point for them to work with professionals to co-produce services in the local area”.
- “Leaders have established effective systems to build the skills and expertise of school staff, including special educational needs coordinators (SENCOs). This ensures that schools identify pupils’ needs quickly”.

³ <https://files.ofsted.gov.uk/v1/file/50150522>